

## (1) PLACE OF BIRTH

County of Marquette  
Township of Bellevue  
or  
Inc. Town of.....  
or  
City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
19470

Registration District No. 330.4 Registered No. 49  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lorah M. Bull

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of twins or triplets</i>	(5) Number in order of birth:	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 14, 1932</i> (Month) (Day) (Year)
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## FATHER

1. FULL NAME Father W. H. Sullivan

9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE *tal* (11) AGE AT LAST BIRTHDAY *33* (Year)

12) BIRTHPLACE

(3) OCCUPATION *Farmer*

23) Number of children born to mother, including present birth

**MOTHER**

(14) NAME BEFORE MARRIAGE Marine Petersen

(15) PRESENT POSTOFFICE OF MOTHER *de S e*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *31*.....  
(*Years*)

(18) BIRTHPLACE *see*

18) OCCUPATION *Laborer*

21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... Aline ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) My wife Mary Lee Jones  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1/2 N. 1st St. St. Paul, Minn.

Given name added from a supplementary report

(34) Witness .....  
(Signature of Witness necessary only  
when question 33 is signed by mark)

(27) Filed June 12, 1952 (28) *W. N. D. L. G.*  
Local Registrar.

When there was no attendance by the father, householder, etc., should make this return. If a child breathes even once, it must be reported as a stillbirth. No report is desired of stillbirths occurring within the first month of pregnancy.